



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Swimming Pool Operators
From: Kylee Sullivan, Health Compliance Officer
Date: May 11, 2020
RE: Seasonal Pool Inspections / Application / Requirements

The Health Department hopes that all pool operators are staying well and healthy during the COVID-19 pandemic. As a result of the pandemic, the pool permitting process is different this year compared to past years. The Health Department is waiting on guidance from the State about the opening of pools but we are reaching out to you with the assumption that pools will likely be permitted to open at some point this summer. We are asking that you complete the application and return it to our Office so that we have it on file and ready for when pools can open.

At this time we **DO NOT** want the permit fee or bacteriological testing results submitted with the application. We will handle payment and test results when we have more information and right before permits are issued.

Once we receive more guidance from the State we will contact you. Please consider how pool operations may differ this year. Policies for fewer bathers, the use of social distancing and/or face coverings, increased sanitation measures, etc. may be necessary. Directives for such measures still need to be issued by the State.

The following must be submitted prior to the inspection:

- Application & Fee of \$110.00 made payable to Town of Arlington
- Bacteriological testing results
- A copy of Certified Pool Operator Certificate (even if it has been submitted in previous years)
- Copies of specification sheets for drain and suction outlet covers
- If applicable, copies of specification sheets for a secondary anti-entrapment device or system

The following items must be present at the time of the opening inspection:

- A working phone capable of calling for emergency services
- DPD test kit with NEW chemicals not more than 1 year old
- Record logs from the previous season
- The certified pool operator who oversees the pool must be present
- A fully stocked First Aid Kit (a list of required items is attached)
- Safety equipment must be in place
- Proper signage
- The inspection will be conducted in accordance with 105 CMR 435.000 *Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V)* therefore all requirements outlined in the code must be in compliance

****Pools not in compliance at the time of the scheduled inspection will be subjected to a re-inspection and a fee of \$100.00. Please be advised that no pool will be permitted to open without the necessary paperwork or inspection by the Board of Health. Operating pools found to be in violation will be subject to immediate closure and a hearing before the Board of Health. Questions regarding this matter may be directed to this office at 781-316-3170.**

First Aid Kit Requirements

The operator shall provide first aid kit consisting of the following items:

- ☐ 35 adhesive 1" bandages
- ☐ 10 3' x 3' sterile gauze pads
- ☐ 5" x 5" surgipads
- ☐ 8" x 10" surgipads
- ☐ 2" soft roller bandages
- ☐ 3" soft roller bandages
- ☐ 1/2" rolls of hypoallergenic tape
- ☐ triangular bandage
- ☐ scissors
- ☐ tweezers
- ☐ rescue blanket
- ☐ 12 antiseptic wipes
- ☐ disposable instant ice packs
- ☐ sterile isotonic buffered eye wash
- ☐ pairs one size fits all latex gloves
- ☐ microshield or pocket mask with a one way valve



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2020 Application for a Permit to Operate a Swimming Pool

Please fill out one application for each type of pool. The pool(s) must be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.000.

Pool Name: _____

Pool Address: _____

Mailing Address: _____

Pool Owner: _____ Ph #: _____

Pool Manager: _____ Ph #: _____ Email: _____

Certified Pool Operator _____ Ph #: _____
(Attach certificate)

Circle the type of pool: public semi-public whirlpool wading pool

Provide the Physical Dimensions:

Total Length: _____ Total Width: _____ Total Gallons: _____

Provide the Bather Load Capacity

Portions of the pool over five feet in depth shall be designated as the "swimming area" (S.A.). Portions of the pool under 5 feet in depth shall be designated as the "non swimming area". Twenty square feet is required for each person in the S.A. Fifteen square feet is required for each person in the Non S.A. Ten square feet is required for each person in the special purpose pool.

S.A. Length: _____ S.A. Width: _____ Number of Swimmers: _____

Non. S.A. Length: _____ Non. S.A. Width: _____ Number of Non Swimmers: _____

(OVER)

Circle the correct response. Provide additional information if “other” is chosen.

Water Source: public private other: _____

Sewage Disposal: public private other: _____

Pool Water Disposal: public private other: _____

Pool finish: gunite concrete tile other: _____

Overflow channel (scum gutter) length: _____ Skimmer weir length: _____

Deck width: _____ Deck finish: granite concrete tile other: _____

Filtration systems: diatomaceous earth with Separation Tank
 Sand cartridge filters other: _____

Chemical sanitizers: chlorine bromine other: _____

Provide pool drain /outlet information:

of main drains ____ # of other suction outlets: ____ Location _____

Type (name/brand) of drain cover (s) / suction outlet cover (s): _____

Attach specification sheet for each cover

Note: covers must meet the ANSI/ASME A112.19.8 (2007)
or ANSI/APSP 16-2011 standard

If the pool has a single main drain or suction outlet, describe the secondary anti-entrapment device or system: **(attach specification sheets for said device or system)**

*****Any changes/ upgrades or remodeling of the pool, pool area, enclosures, or equipment must be reviewed and approved by this office prior to completion. Failure to do so may result in denial or revocation of your permit to operate a swimming pool.***

Sign and Print: _____ Date: _____

(Attach a sketch of the pool. A detailed plan must be filed with each original application.)